22

VW&R will continue to operate the MCC facilities without a break in business activities until VW&R has had an opportunity to analyze where changes in business activities should occur. VW&R will, of course, comply with all applicable requirements for notification, modifications of applications or permits, etc., before making any substantial changes in the operations of the MCC facilities.

A representative of VW&R will be contacting you shortly to confirm that the transfer or issuance of the new permits has been processed. Please call Thomas E. Nisler at your earliest convenience if you require any additional information or documentation prior to transferring or issuing the existing RCRA status or permits for the MCC sites.

Very truly yours,

Robert C. Thompson
of
GRAHAM & JAMES

RCT:tcd

cc: EPA Region V
Attn: RCRA Division, Ohio Branch

Mr. Fran Netting
Motor Carrier Registration

Enclosures

PAKN52A4

McKesson Chemical Company
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

McKESSON CHEMICAL

October 20, 1981

U.S. EPA Region V
RCRA Activities
P. O. Box A 3587
Chicago, Illinois 60690

OHD071107791
Reference: ~~OHD039991690~~

Gentlemen:

In November, 1980, we registered the above facility with your office as a generator and transporter of hazardous waste, and, in a separate letter the same month, as a treater and storer because of activity related to the neutralization and discharge of dilute waste water. Subsequently, in March, 1981, we modified the preceding to allow for temporary storage of spent solvents as classified under F001.

We now wish to modify further the capability for spent solvent storage at this facility, and to correct the identification of our landlord (Section VIII, page 4 of 5). Unfortunately, as noted in his enclosed letter, he chooses not to sign.

If any questions arise, please contact me at the Montvale, New Jersey office.

Thank you.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh

cc: R. A. Girman - Cleveland Branch Manager

BCC: M. A. Minor
L. R. Vilotti

GRAHAM & JAMES
ONE MARITIME PLAZA
THIRD FLOOR
SAN FRANCISCO, CALIFORNIA 94111
TELEPHONE (415) 954-0200

OTHER OFFICES
LOS ANGELES, CA
LONG BEACH, CA
NEWPORT BEACH, CA
PALO ALTO, CA
NEW YORK, NY
WASHINGTON, DC
RALEIGH, NC
SINGAPORE
HONG KONG
MILAN

AFFILIATED OFFICE
KUWAIT

TELEX
W.U. 340143 CHALGRAY SFO
M.C.I. 67565 GJ SFO

FACSIMILE
GI/II (415) 391-5906
GII/III (415) 391-2493

CABLE
CHALGRAY, SAN FRANCISCO, CA

WRITER'S DIRECT DIAL NUMBER

October 31, 1986

Director, Ohio EPA
Attn: Tom Crepeau
Division of Solid & Hazardous Waste Mgmt.
Box 1049
261 E. Broad St.
Columbus, OH 43216

RE: Transfer of McKesson Chemical Company's RCRA Status to Van Waters & Rogers, Inc. for the Cincinnati, Cleveland/Bedford Heights & Columbus, OH Facilit(ies)

Dear Mr. Crepeau:

On October 31, 1986, Van Waters & Rogers, Inc. ("VW&R") (formerly DSW, Inc.), which became a subsidiary of Univar Corporation on that date, acquired substantially all of the assets of McKesson Chemical Company ("MCC"), a division of McKesson Corporation. Your records will indicate that VW&R has on file with your agency an application for the transfer or issuance of (1) RCRA interim status, (2) Part B storage permit(s), and/or (3) generator/transporter status. Enclosed is a letter from McKesson authorizing the transfer of the MCC RCRA status to VW&R. Please proceed with the transfer or issuance of the MCC permits to VW&R at this time.

The original application material submitted to your agency indicated that the acquiring corporation was called "DSW, Inc." and that DSW, Inc. would be operating under the name, "Van Waters & Rogers." By letter dated October 19, 1986, we notified you that DSW, Inc. would change its name to "Van Waters & Rogers, Inc." at the time of closing. Accordingly, we enclose amended (1) Part A Applications (if applicable), (2) Part B Certifications (if applicable), and (3) Generator/Transporter Notification Forms in the name, "Van Waters & Rogers, Inc." which have been signed by an officer of VW&R. You will also find enclosed a financial responsibility submittal for VW&R.

Bankers Trust Company
280 Park Avenue, New York, New York 10015

Henry A. Zarzicki
Assistant Vice President
Fiduciary Real Estate Service Section
Telephone: 212-850-2392

Mailing Address:
P.O. Box 1980, Church Street Station
New York, New York 10008

October 13, 1981

RE: PEN 551-26601 Richmond Rd.,
Bedford Heights, Ohio
PEN 552-1795 E. Moler Rd.,
Columbus, Ohio
PEN 553-North Railroad St.,
Hummelstown, Pa.

Mr. D. M. Black
Regional Operations/Safety Manager
McKesson Chemical Company
136 Summit Avenue
Montvale, New Jersey 07645

Dear Mr. Black:

In connection with the EPA application submitted with your letter of August 4th, we have determined that it is not our position to execute these forms since we are not a party to the business being conducted at these locations. This being the case, we are enclosing the original applications as per your request.

In accordance with the terms of the leases, please provide us with complete signed copies of the insurance policies with details on the extent of coverages.

Very truly yours,

Enclosures

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F O H D 0 7 1 1 0 7 7 9 1

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affi it in the designated space. Review the inform ation carefully; if any of it is incorrect, cros through it and enter the correct data in th appropriate fill—in area below. Also, if any o the preprinted data is absent *(the area to th left of the label space lists the informatio that should appear)*, please provide it in th proper fill—in area*(s)* below. If the label i complete and correct, you need not complet Items I, III, V, and VI *(except VI-B whic must be completed regardless)*. Complete a items if no label has been provided. Refer t the instructions for detailed item descrip tions and for the legal authorizations unde which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility ~~treat~~, store, or dispose of hazardous wastes? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: M C K E S O N C H E M I C A L C O M P A N Y

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 G I R M A N R O B E R T A M A N A G E R	2 1 6 2 9 2 7 5 0 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 2 6 6 0 1 R I C H M O N D R O A D

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 B E D F O R D H E I G H T S	O H	4 4 1 4 6

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2 6 6 0 1 R I C H M O N D R O A D

B. COUNTY NAME

C U Y A H O G A

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 B E D F O R D H E I G H T S	O H	4 4 1 4 6	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
(specify) 5161 Distributor	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

FOREMOST - MCKESSON CHEMICAL COMPANY

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL; M = PUBLIC (other than federal or state); S = STATE; O = OTHER (specify); P = PRIVATE

P (specify)

D. PHONE (area code & no.) A 415 983 8300

E. STREET OR P.O. BOX

ONE POST STREET

F. CITY OR TOWN

SAN FRANCISCO

G. STATE CA

H. ZIP CODE 94104

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER** (specify)
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER** (specify)
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nationwide distributor of chemicals at this branch. Some of the materials are subdivided into smaller size containers before being distributed to a customer by our branch

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
M.A. Minor Regional Vice President	m.a. Minor	9/9/81

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F 0 H D 0 7 1 1 0 7 7 9 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility o revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility' EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

☐ 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	6 3	0 3	0 1

FOR NEW FACILITI PROVIDE THE DAT *(yr., mo., & day)* OPE TION BEGAN OR IS EXPECTED TO BEG

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

XXX 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, the describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. **PROCESS DESIGN CAPACITY** – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP T/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 1	6600G in 55 gal. drums	G	
2				
3				
4				
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													T/A	C	FOR OFFICIAL USE ONLY													T/A	C	
W	0	H	D	0	7	1	1	0	7	7	9	1		1	W				D	U	P							2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 1	635,000	P	S 0 1	
2	F 0 0 2	80,000	P	S 0 1	
3	F 0 0 3	120,000	P	S 0 1	
4	F 0 0 4	150,000	P	S 0 1	
5	F 0 0 5	50,000	P	S 0 1	
6					
7					
8					
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24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F: 0 H D 0 7 1 1 0 7 7 9 1 | T/A: C: 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 24 45	81 29 01

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E: Bankers Trust Company	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F: Church Street Station P. O. Box 1980	G: New York	NY	10008

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
M. A. Minor Regional Vice Presiden	M. A. Minor	9/9/81

[illegible]
One Post Street
San Francisco CA 94104
415 983 8300

To Whom It May Concern:

McKesson Chemical Company, which is an operating division of Foremost McKesson, Inc., is a distributor of various chemical products for various suppliers of chemicals. It operates a large number of distribution facilities throughout the country, of which this is one. We stock an average of five-hundred (500) packaged chemical products at these locations. The products carried will vary from location to location and from time to time. It is anticipated that some or all of the products could at one time or another result in the generation of a hazardous waste and the amount generated could in one or more instances exceed the quantity limit for a small generator. Since ours is a distributing function it is impossible for us to be more specific at this time.

G. N. Butter
Technical Director
McKesson Chemical Company

GNB:ks
attachment (Form GSA No. 0246-EPA-OT)

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved. OMB No. 158-S70016
GSA No. 0245-EPA-OT

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

McKesson Chemical Company

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

26601 Richmond Road

CITY OR TOWN | ST. | ZIP CODE

Bedford Heights | OH | 44146

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

26601 Richmond Road

CITY OR TOWN | ST. | ZIP CODE

Bedford Heights | OH | 44146

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) | PHONE NO. (area code & no.)

Dirman Robert A Manager | 216-292-7500

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Foremost McKesson Inc.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [X] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT/~~STORE~~/~~DISPOSE~~
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

[illegible] (enter codes) the following information

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. See attachment.

31	32	33	34	35	36
U002	U226	U122	U228	U154	U159
37	38	39	40	41	42
U210	U220	U239			
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☒ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
G. N. Butter	G. N. Butter, Technical Director McKesson Chemical Company	8-14-80

McKesson Chemical Compan
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

May 13, 1981

U.S. EPA Region V
Sites Notification
P. O. Box 7861
Chicago, IL 60604

Gentlemen:

RE EPA Number#OHD071107791

Attached is a copy of EPA Form 8900-1 submitted in behalf of our branch at Cleveland, OH, which is currently transporting a listed hazardous waste to a reclaiming facility as identified.

Please note that Items D and E are completed only in items of our branch's specific activity, since we have no knowledge of the reclaimer's overall business; similarly, Items F and G call for information we have no way of obtaining.

If any questions arise, please contact me at the above address or at (201) 573-9480.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh
ATTACHMENT

cc: R. A. Girman
BCC: M. A. Minor
L. Vilotti
B. L. Wilcox, Jr.

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name: R. A. Girman - MCKESSON CHEMICAL COMPANY
Street: 26601 Richmond Road
City: Bedford Heights State: OH Zip Code: 44146

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site: Chemtron Corporation
Street: 35850 Schneider Court
City: Avon County: Lorain State: OH Zip Code: 44011

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): D. M. Black-Regional Operations/Safety Mgr.
Phone: (201) 573-9480 Ext 15

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year): 1981 To (Year): present

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

_____
_____
_____

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

_____
_____
_____

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site located.

F002		

Form Approved
OMB No. 2000-0138
EPA Form 8900-1

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet _____

gallons _____

Total Facility Area

square feet _____

acres _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name D. M. Black - MCKESSON CHEMICAL CO

Street 136 Summit Avenue

City Montvale State NJ Zip Code 07645

Signature D M Black Date 5/13/81

- ☐ Owner, Present
- ☐ Owner, Past
- ☐ Transporter
- ☐ Operator, Present
- ☐ Operator, Past
- ☒ Other

McKesson Chemical Compar
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

May 11, 1981

U.S. EPA Region V
230 South Dearborn Street
Chicago, Illinois 60604

Gentlemen:

RE: Closure Plan - Storage Facility
EPA ID Number - OHD071107791

The McKesson Chemical Company Branch located at Cleveland, Ohio, is registered as a storage facility. In fact, it is only a point at which the Company accumulates materials received from customers, which might otherwise be deemed hazardous waste, which are destined for transportation to a recycling facility.

This facility will continue to operate for as long as it is deemed economically viable by the Company and so long as its operation is otherwise permitted by applicable law.

All storage of regulated materials will be in approved, portable containers of a capacity of 55 gallons or less. When and if closure occurs, it will be accomplished by transporting all such stored material on hand to an approved recycling or other treatment or disposal facility.

It is presently contemplated that the maximum amount of such material on hand would be 40-80 drums.

It should be possible to complete closure within a maximum period of one week and based on current transportation costs for the estimated maximum amount of material that might be on hand at any one time, the total cost of closure should not exceed $300.00.

RE: Closure Plan - Storage Facility
EPA ID Number - OHD071107791

Since no processing or transfer of this material is contemplated, other than the clean-up of any spill or leak that might conceivably occur (and for which there are contingency plans), no costs for decontamination, monitoring or other such closure procedures should be incurred.

In view of the foregoing, no post closure care would be required for this facility and no post closure plan will be prepared.

The responsible person at this branch is R. A. Girman, Branch Manager.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh

cc: R. A. Girman
BCC: L. Vilotti
M. A. Minor
B. L. Wilcox, Jr.

McKesson Chemical Company
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

McKESSON CHEMICAL

March 10, 1981

USEPA Region V
230 South Dearborn Street
Chicago, Illinois 60604

Gentlemen:

Due to an inadvertent clerical error, our recent letter to you (copy attached) contained only a copy of the topographical map locating our Bedford Heights (Cleveland) OH facility, rather than the original.

The latter is enclosed with this letter, and we will appreciate you placing it in our Cleveland file.

Thank you.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh

McKesson Chemical Company
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

McKESSON CHEMICAL

March 8, 1981

USEPA Region V
230 South Dearborn Street
Chicago, Illinois 60604

Gentlemen:

On November 18 we filed with your office a modified Notification of Hazardous Waste Activity for our facility in Bedford Heights (Cleveland) OH, extending our original registration to include a storage facility. The second Notification acknowledged certain items of information were missing, and we now include these: facility drawing, photographs, geographical location.

We appreciate your acceptance of our delay, and continue to stand ready to meet your requirements.

Our responsible contact at the facility continues to be R. A. Girman.

Please change our telephone number under VIII-D to (415) 983-8300.

Sincerely,

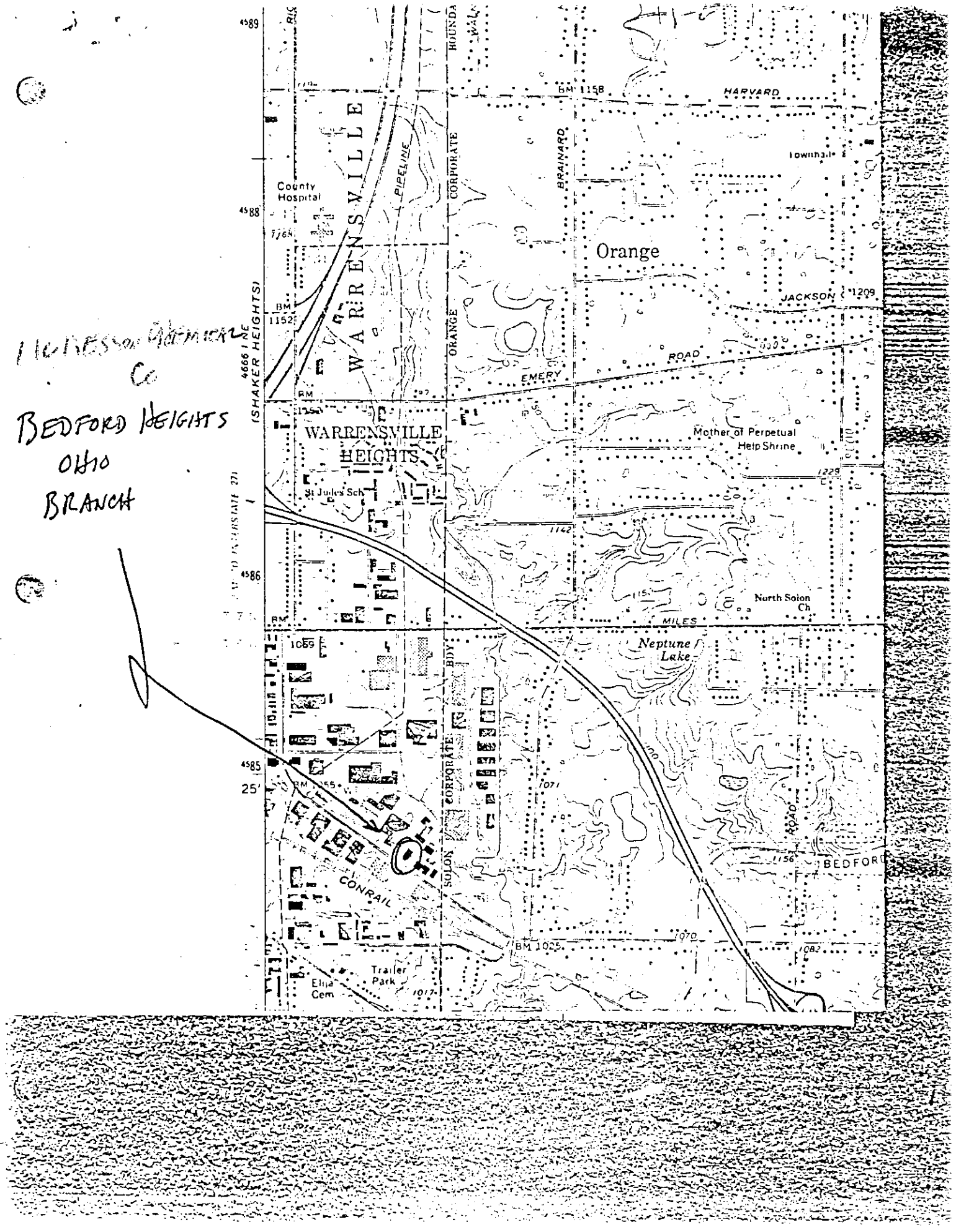
McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh

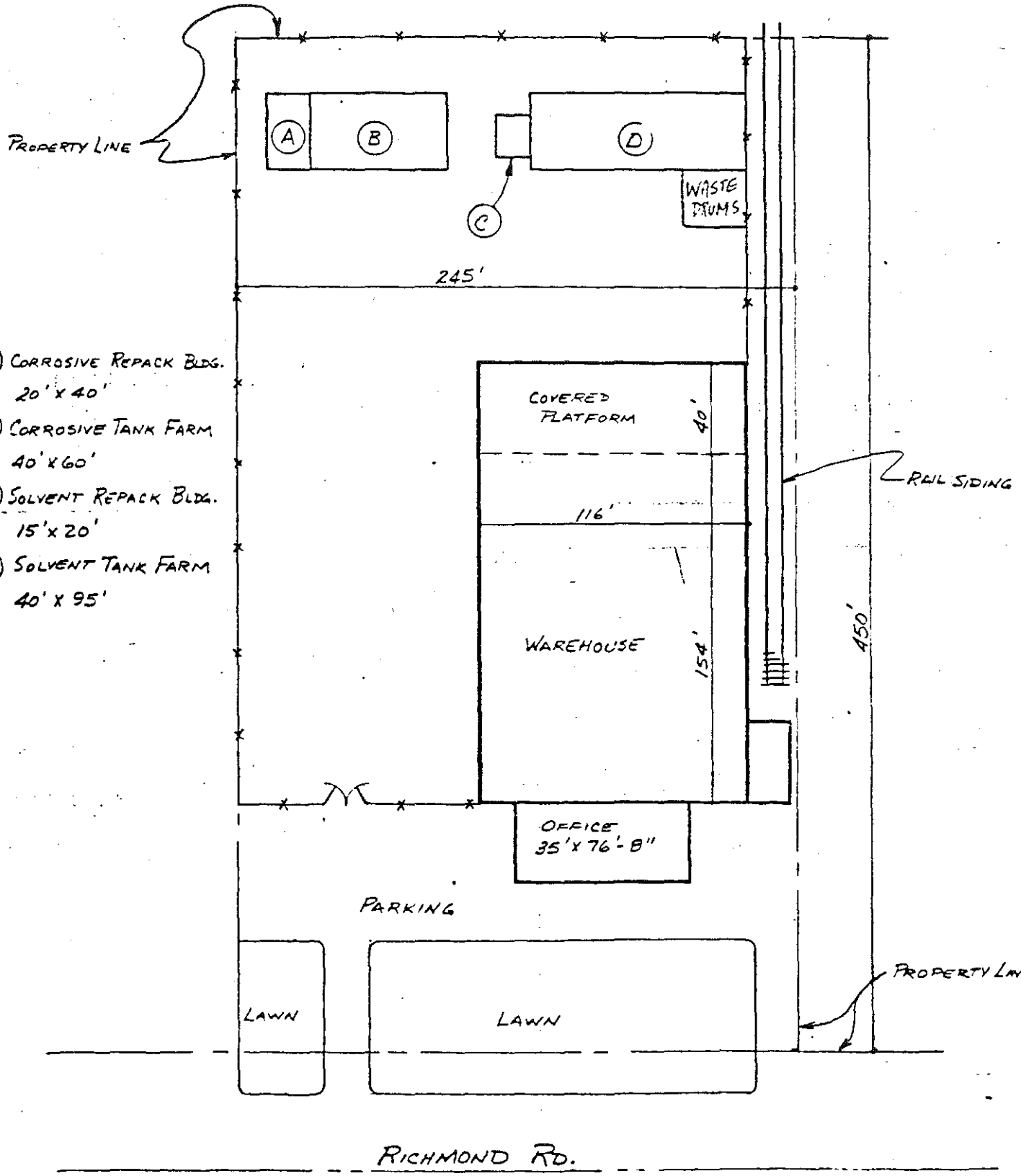
cc: J. P. Hobe
L. R. Vilotti

FOREMOST McKESSON


Hughes-Peckham Co
BEDFORD HEIGHTS
OHIO
BRANCH
WARRENSVILLE
HEIGHTS
Orange
County Hospital
PIPELINE
CORPORATE
BRAINARD
HARVARD
Townhall
JACKSON
ROAD
EMERY
ORANGE
(SHAKER HEIGHTS)
Mother of Perpetual Help Shrine
St Judes Sch
North Solon Ch
MILES
Neptune Lake
SOLON
CONRAIL
BEDFORD
Trailer Park
Elija Cem
BM 1158
BM 1152
BM 1025
4589
4588
4586
4585
25'

Form Approved OMB No.

V. FACILITY DRAWING (see page 4)



SCALE 1" = 60'

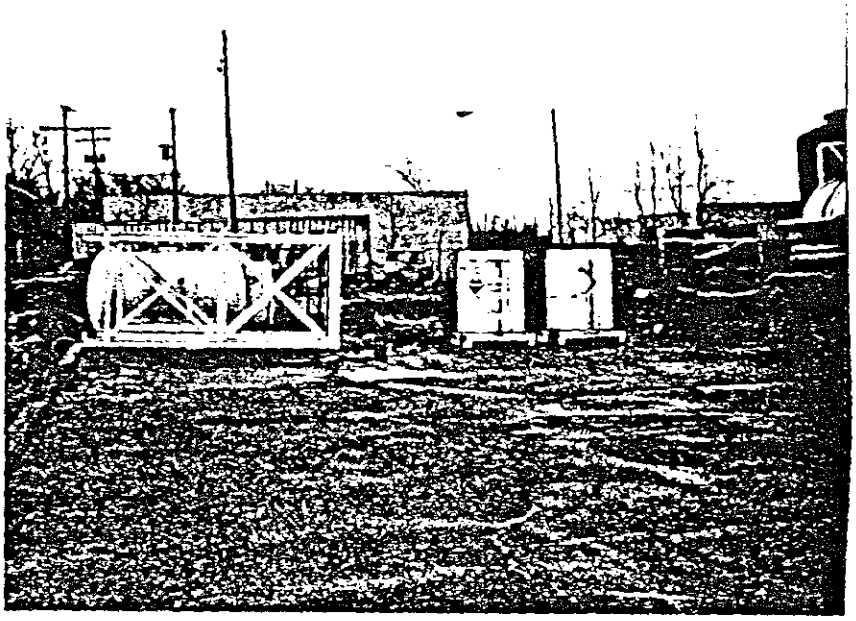
McKESSON CHEMICAL C.
26601 RICHMOND RD.
BEDFORD HGTS. OHIO 44

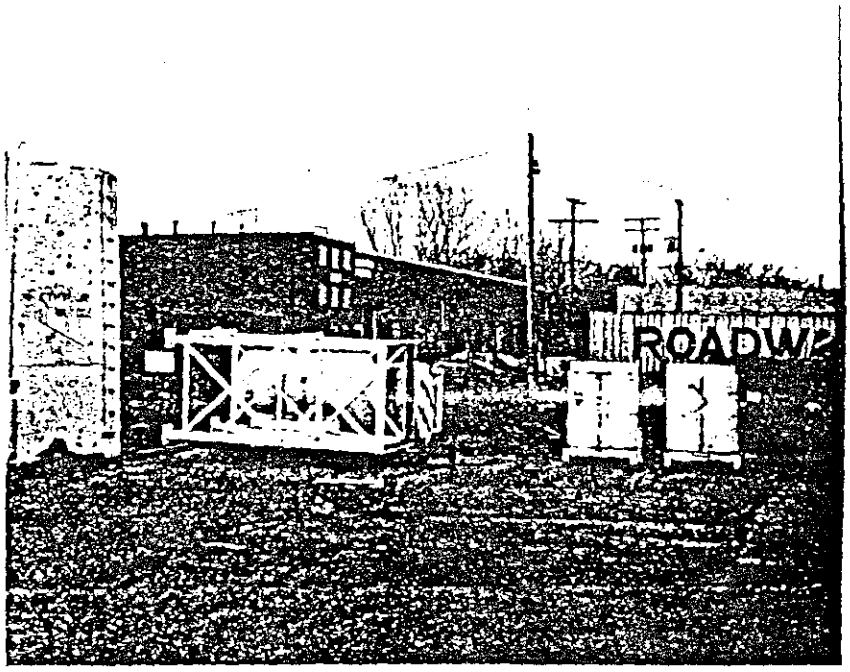
Form Approved OMB No. 158-S80004

Continued from page 4.

McKESSON CHEMICAL COMPANY
Bedford Heights, OH

LOCATION OF STORAGE AREA
FOR DRUMS OF HAZARDOUS WASTE





Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F O H D 0 7 1 1 0 7 7 9 1

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, it in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data in appropriate fill—in area below. Also, if an the preprinted data is absent *(the area to left of the label space lists the informs that should appear)*, please provide it in proper fill—in area*(s)* below. If the labe complete and correct, you need not comp Items I, III, V, and VI *(except VI-B w must be completed regardless)*. Complet items if no label has been provided. Refe the instructions for detailed item des tions and for the legal authorizations u which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to an questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third colum If the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activit is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP MCKESSON CHEMICAL COMPANY

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 GIRMAN ROBERT A MANAGER	216 292 7500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
3 26601 RICHMOND ROAD	
B. CITY OR TOWN	**C. STATE** / **D. ZIP CODE**
4 BEDFORD HEIGHTS	OH / 44146

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5 26601 RICHMOND ROAD	
B. COUNTY NAME	
CUIAHOGA	
C. CITY OR TOWN	**D. STATE** / **E. ZIP CODE** / **F. COUNTY CODE** *(if known)*
6 BEDFORD HEIGHTS	OH / 44146 /

CONTINUE ON REVE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7 5161 (specify) Distributor	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME

8 FOREMOST - MCKESSON CHEMICAL COMPANY

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL; M = PUBLIC (other than federal or state); S = STATE; O = OTHER (specify); P = PRIVATE

P (specify)

D. PHONE (area code & no.)

A 415 983 8300

E. STREET OR P.O. BOX

ONE POST STREET

F. CITY OR TOWN

B SAN FRANCISCO

G. STATE CA

H. ZIP CODE 94104

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER** (specify)
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER** (specify)
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nationwide distributor of chemicals at this branch. Some of the materials are subdivided into smaller size containers before being distributed to a customer by our branch

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
M.A. Minor Regional Vice President	m.a. Minor	9/9/81

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F O H D 0 7 1 1 0 7 7 9 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility o revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*: C | YR. 8 | MO. | DAY

XXX 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITI PROVIDE THE DAT *(yr., mo., & day)* OPE TION BEGAN OR IS EXPECTED TO BEG: YR. 8 2 | MO. 0 4 | DAY 0 1

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided fo entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, the describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and th other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP T/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1		6600 G		
2		in 55 gal. drums	G	
3				
4				

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non-listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W H D 0 7 1 1 0 7 7 9 1 — T/A: 1

FOR OFFICIAL USE ONLY: W DUP — T/A: 2 — DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 1	635,000	P	S 0 1	
2	F 0 0 2	80,000	P	S 0 1	
3	F 0 0 3	120,000	P	S 0 1	
4	F 0 0 4	150,000	P	S 0 1	
5	F 0 0 5	50,000	P	S 0 1	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

													T/A	C
F	0	H	D	0	7	1	1	0	7	7	9	1		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 24 45	81 29 01

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E Bankers Trust Company, AS TRUSTEE	212-850-2392

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F Church Street Station P. O. Box 1980	G New York	NY	10008

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
HENRY A. ZARZICKI ASSISTANT VICE PRESIDENT	H. A. Zarzicki	2-25-82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
M. A. Minor Regional Vice President	M. A. Minor	

Foremost-McKesson, Inc.
One Post Street
San Francisco, CA 94104
415 983 8300

November 20, 1980

EPA Region V
RCRA Activities
P O BOX 7861
Chicago, IL 60680

Re: McKesson Chemical Company's Listing for
RCRA OMB #158-S79016

Gentlemen:

On or prior to August 18, 1980, we filed with your office a Notification of Hazardous Waste Activity for our facilities at Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin Branches.

In that Notification, we advised that the facility would act as a transporter and or generator of hazardous waste.

We are primarily distributors of industrial chemicals for various chemical producers throughout the country. As an accommodation to our customers it is our intent to, from time to time, pick up several drums of material from our customer's facility that would fit the classification of a hazardous waste. We would transport this material to a recycler for recycling, not for disposal. Because of the distance this material must be transported, it would be necessary at times to store some of these drums on our facility for short periods to enable us to accumulate sufficient drums to make the transport economic.

We are informed that even though as a generator of hazardous waste we would be authorized to store our own waste for up to 90 days without requiring a permit, the storage of similar material belonging to our customers, in the course of transporting it to a recycler, would constitute our facility a hazardous waste management (storage) facility, for which a permit would be required.

Since we believe that what we propose would be a sound and responsible hazardous waste management activity, we would like to have the opportunity to do this. We are also advised that this requires an amendment of the Notification previously filed with you. We respectfully ask that this letter be accepted as an amendment to our Notification. We have prepared the permit application for the November 19th filing.

In addition, we have corrected the address number for our facility at Dolton, Illinois, and waste codes handled at our Rockford, Illinois Branch. Two facilities listed in the August filing; Decatur and Bartonville, Illinois, have been closed. Their operations have been transferred to the Normal, Illinois McKesson location.

We would ask acknowledgement of your acceptance of these amendments and changes. For your convenience, we enclose a copy of this letter on which your acknowledgement can be noted, and a stamped, self-addressed envelope with which it may be returned to us. Thank you for your very kind co-operation.

Respectfully,

G.N. Butter
Technical Director
McKesson Chemical Co.

GNB:lc

Enclosure

ACCEPTED:

Environmental Protection Agency
Region_____

By:_____

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprin label, affix it in the space at left. If any of information on the label is incorrect, draw a l through it and supply the correct informat in the appropriate section below. If the labe complete and correct, leave Items I, II, and below blank. If you did not receive a preprin label, complete all items. "Installation" mear single site where hazardous waste is generat treated, stored and/or disposed of, or a tra porter's principal place of business. Please re to the INSTRUCTIONS FOR FILING NOTI CATION before completing this form. T information requested herein is required by l *(Section 3010 of the Resource Conservation a Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F

I. NAME OF INSTALLATION

McKesson Chemical Company

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 26601 Richmond Road

CITY OR TOWN | ST. | ZIP CODE

4 Bedford Heights OH 44146

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 26601 Richmond Road

CITY OR TOWN | ST. | ZIP CODE

6 Bedford Heights OH 44146

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

7 Girman Robert A Manager 216.292.7500

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 Foremost McKesson Inc.

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/~~DISPOSE~~
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

OHD071107799

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F003	F005			
7	**8**	**9**	**10**	**11**	**12**

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. See Attachment

31	32	33	34	35	36
U002	U226	U122	U228	U154	U159
37	**38**	**39**	**40**	**41**	**42**
U210	U220	U239			
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☒ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
G. N. Butter	G. N. Butter, Technical Director McKesson Chemical Company	11-10-80

EPA Form 0700-12 (6-80) REVERSE

Foremost-McKesson
Chemical Group

McKesson Chemical Company
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

John P. Hobe
Regional Vice President

McKESSON CHEMICAL

November 18, 1980

EPA Region V
RCRA Activities
P. O. Box 7861
Chicago, IL 60680

Gentlemen:

On or prior to August 18, 1980, we filed with your office a Notification of Hazardous Waste Activity for our facility at Cleveland, OH.

In that Notification we advised the facility would act as a generator and transporter of hazardous waste.

We are primarily distributors of industrial chemicals for various chemical producers throughout the country. As an accomodation to our customers it is our intent to, from time to time, pick up a few drums of material from our customer's facility that would fit the classification of a recycler for recycling, not for disposal. Because of the distance this material must be transported, it would be necessary at times to store some of these drums on our facility for short periods to enable us to accumulate sufficient drums to make the transport economic.

We are informed that even though as a generator of hazardous waste we would be authorized to store our own waste for up to 90 days without requiring a permit, the storage of similar material belonging to our customers, in the course of transporting it to a recycler, would constitute our facility a hazardous waste management (storage) facility, for which a permit would be required.

Since we believe that what we propose would be a sound and responsible hazardous waste management activity, we would like to have the opportunity to do this. We are also advised that this requires an amendment of the Notification previously filed with you and the filing of a Part A permit application. We respectfully ask that this letter be accepted as an amendment to our Notification. We acknowledge certain items of information are missing (e.g. facility drawings, photographs, and geographic location), and will forward them as soon as they are obtained.

We would ask acknowledgement of your acceptance of this amendment. For your convenience, we enclose a copy of this letter on which your acknowledgement can be noted, and a stamped, self-addressed envelope with which it may be returned to us. Thank you for your very kind cooperation.

Respectfully,

McKESSON CHEMICAL COMPANY

J. P. Hobe
Regional Vice President

Enclosure

ACCEPTED:

Environmental Protection Agency
Region_____

By:_____

(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F OHD071079791

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, af it in the designated space. Review the info ation carefully; if any of it is incorrect, cr through it and enter the correct data in appropriate fill—in area below. Also, if any the preprinted data is absent *(the area to left of the label space lists the informat that should appear)*, please provide it in proper fill—in area(s) below. If the label complete and correct, you need not compl Items I, III, V, and VI *(except VI-B wh must be completed regardless)*. Complete items if no label has been provided. Refer the instructions for detailed item descr tions and for the legal authorizations un which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		✓	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		✓	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		✓	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		✓	
E. Does or will this facility treat, store, or ~~dispose~~ of hazardous wastes? (FORM 3)	✓		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		✓	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		✓	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		✓	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		✓	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		✓	

III. NAME OF FACILITY

1 SKIP: McKesson Chemical Company

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Girman Robert A Manager	216 | 292 | 7500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 26601 Richmond Road	4 Bedford Heights	OH	44146

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 26601 Richmond Road	Cuiahoga

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Bedford Heights	OH	44146	

CONTINUE ON REVERS

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7 5 16 1 (specify)	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME

8 Foremost McKesson Chemical Company

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.)

A 415 983 8300

E. STREET OR P.O. BOX

One Post Street

F. CITY OR TOWN

B San Francisco

G. STATE CA

H. ZIP CODE 94104

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N	**D. PSD** (Air Emissions from Proposed Sources): 9 P
B. UIC (Underground Injection of Fluids): 9 U	**E. OTHER** (specify): 9 (specify)
C. RCRA (Hazardous Wastes): 9 R	**E. OTHER** (specify): 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nation wide distributor of chemicals at this branch. Some of the materials are subdivided into smaller size containers before being distributed to a customer by our branch.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
J. P. Hobe Regional Vice-President		11-18-80

COMMENTS FOR OFFICIAL USE ONLY

C

(All—all areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F O H D 0 7 1 1 0 7 7 9 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*: YR. 83 MO. 03 DAY 01

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN: YR. MO. DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP T/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G	
X-2	T03	20	E	
1	S01	550/mo. in 55gl drums	G	
2	T01	200	U	
3				
4				
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

I. EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W OHD071079911	W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F001	43	T	S01	
2	~~F007~~	520007	G	T01	
3	D002	2.26	T		
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F: 1 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*

VIII. FACILITY OWNER

X A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
J. P. Hobe Regional Vice President		11-18-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
J. P. Hobe Regional Vice President		11-18-80

GRAHAM & JAMES
ONE MARITIME PLAZA
THIRD FLOOR
SAN FRANCISCO, CALIFORNIA 94111
TELEPHONE (415) 954-0200

OTHER OFFICES
LOS ANGELES, CA
LONG BEACH, CA
NEWPORT BEACH, CA
PALO ALTO, CA
NEW YORK, NY
WASHINGTON, DC
RALEIGH, NC
SINGAPORE
HONG KONG
MILAN

AFFILIATED OFFICE
KUWAIT

TELEX
WU 340143 CHALGRAY SFO
FACSIMILE
(415) 391-5908
CABLE
CHALGRAY, SAN FRANCISCO, CA
WRITER'S DIRECT DIAL NUMBER
(415) 954-0258

October 2, 1986

BY FEDERAL EXPRESS

RECEIVED
OCT 15 1986
OHD
U.S. EPA, REGION V

RECEIVED
OCT 9 1986
U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

Director
Ohio EPA/Solid & Hazardous
Waste Management
261 E. Broad Street
Columbus, OH 43216
Attn: David Mentzer

Re: EPA I.D. No. ~~OHD~~ OHD071107791
McKesson - Cleveland
DSW, Inc. Request for Transfer of Permit

Dear Mr. Mentzer:

On September 25, 1986, McKesson and DSW, Inc. notified you of their request that the Part B permits currently held by McKesson Corporation be transferred to DSW, Inc. in accordance with the terms outlined in their joint request. Enclosed please find a revised Part B application for the Cleveland facility which may assist you in processing this transfer request.

Financial responsibility data will be forwarded to you shortly under separate cover.

Sincerely yours,

Jennifer L. Hernandez
for
GRAHAM & JAMES

JLH:pm
Enclosure

COPY 2

Please print or type with ELITE type *(12 characters per inch)* in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-88
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

For Official Use Only

Comments

C C

Installation's EPA ID Number | Approved | Date Received *(yr. mo. day)*

C F | T/A C 1

I. Name of Installation

VAN WATERS & ROGERS--CLVD BEDFO

II. Installation Mailing Address

Street or P.O. Box

C 3 | 26601 Richmond Road

City or Town | State | ZIP Code

C 4 | Bedford Heights | OH | 44146

III. Location of Installation

Street or Route Number

C 5 | 26601 Richmond Road

City or Town | State | ZIP Code

C 6 | Bedford Heights | OH | 44146

IV. Installation Contact

Name and Title *(last, first, and job title)* | Phone Number *(area code and number)*

C 2 | Moll Cliff Mgr. | 216 292 7500

V. Ownership

A. Name of Installation's Legal Owner | B. Type of Ownership *(enter code)*

C R | DSW, INC. to be a subsidiary of Univar Corporation | P

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 1b. Less than 1,000 kg/mo.
- [X] 2. Transporter
- [X] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

- [ ] A. Air
- [ ] B. Rail
- [X] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- [ ] A. First Notification
- [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: OHD071077791

Continue on reverse

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 4	F 0 0 5	
7	**8**	**9**	**10**	**11**	**12**

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 0 2	U 2 2 6	U 1 2 2	U 2 2 8	U 1 5 4	U 1 5 9
37	**38**	**39**	**40**	**41**	**42**
U 2 1 0	U 2 2 0	U 2 3 9			
43	**44**	**45**	**46**	**47**	**48**

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

- ☐ 1. Ignitable *(D001)*
- ☒ 2. Corrosive *(D002)*
- ☐ 3. Reactive *(D003)*
- ☐ 4. Toxic *(D000)*

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
[signature]	MARK HOOPER, PRESIDENT	SEPT. 22, 1986

PREAMBLE

DSW, Inc., a Washington corporation headquartered at 1600 Norton Building, Seattle, Washington 98104, will acquire this facility on or about October 24, 1986. At the time of acquisition, DSW, Inc. will be a wholly-owned subsidiary of Univar Corporation, a Delaware corporation. DSW, Inc. will operate this facility under the name Van Waters & Rogers. Van Waters & Rogers is the chemical distribution division of Univar Corporation.

The procedures, policies, and personnel in place for McKesson Chemical Company, including the existing arrangement between this facility and McKesson Envirosystems for waste analysis and recycling, will be maintained pending further review by the new owner. No material changes in these aspects of the operations which require prior notification to appropriate agencies shall be made until such notification has been made and/or other appropriate approvals obtained in accordance with all applicable laws, rules, and regulations.

Unless indicated otherwise, employee training conducted prior to October 24, 1986 was conducted by McKesson Chemical Company. DSW, Inc. has retained the McKesson Chemical training personnel and will continue to use the McKesson Chemical training program.

This permit application is identical to that originally submitted by McKesson Chemical Company except for facility name and ownership changes. Site personnel lists and closure cost estimates have also been updated.

Prior correspondence by McKesson Chemical Company which is relevant to this revised aplication, such as contingency plan letters and the most recent closure cost updates, is included in this application. All existing agreements relevant to the Contingency Plan will be maintained. The appropriate agencies are being notified of this change in ownership. Original maps, drawings, etc. are on file with the agency and, since no changes to these documents are necessary, they have not been resubmitted in this application.

Cleveland/Bedford Heights, Ohio
OHD071107791

DSW, Inc.

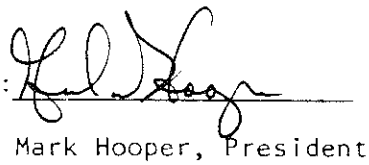
Certification

(40 CFR Sec. 122.6(a)(d))

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

This statement applies to the filing in behalf of DSW, Inc.

Date: SEP 2 4 1985

Signature: 

Mark Hooper, President
DSW, Inc.

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F O H D 0 7 1 1 0 7 7 9 1 D

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER: O H D 0 7 1 1 0 7 7 9 1

III. FACILITY NAME: Van Waters & Rogers -- Cleveland/ Bdfd Hgts.

V. FACILITY MAILING ADDRESS: 26601 Richmond Road
Bedford Heights OH 44146

VI. FACILITY LOCATION: 26601 Richmond Road
Bedford Heights OH 44146

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK X: YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: V A N W A T E R S & R O G E R S -- B E D F O R D H E I G H T S

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 M O L L C L I F F M A N A G E R	2 1 6 2 9 2 7 5 0 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 2 6 6 0 1 R I C H M O N D R O A D

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 B E D F O R D H E I G H T S	O H	4 4 1 4 6

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 2 6 6 0 1 R I C H M O N D R O A D

B. COUNTY NAME: C A Y A H O G A

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 B E D F O R D H E I G H T S	O H	4 4 1 4 6	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
5161 (specify) Distribution	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME

8 DSW, INC dba VAN WATERS & ROGERS

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)

P (specify)

D. PHONE (area code & no.)

A 206 447 5909

E. STREET OR P.O. BOX

1600 NORTON BUILDING

F. CITY OR TOWN

B SEATTLE

G. STATE WA **H. ZIP CODE** 98109

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER** (specify)
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER** (specify)
R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nationwide distributor of chemicals at this branch. Some of the materials are subdivided into smaller size containers before being distributed to a customer by our branch.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
MARK HOOPER, PRESIDENT	Mark Hooper	SEPT. 22, 1986

COMMENTS FOR OFFICIAL USE ONLY

C

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F 0 H D 0 7 1 1 0 7 7 9 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

☐ 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C 8 | YR. | MO. | DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR. | MO. | DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1		6600 G			7				
2		in 55 gal. drums	G		8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

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EPA I.D. NUMBER (enter from page 1): W HD071107791 T/A C 1

FOR OFFICIAL USE ONLY: W DUP T/A C 2 DUP

V. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	F001	635,000	P	S01	
2	F002	80,000	P	S01	
3	F003	120,000	P	S01	
4	F004	150,000	P	S01	
5	F005	50,000	P	S01	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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18					
19					
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21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F 0 H D 0 7 1 1 0 7 7 9 1 T/A C 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground-level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 24 04 5	81 29 00 1

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E D S W., I N C. (To be a susidiary of Univar Corporation)	206-447-5909

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 1600 NORTON BLDG.	G SEATTLE	WA	98104

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
MARK HOOPER, PRESIDENT	Mark Hooper	SEPT. 22/1986

X. OPERATOR CERTIFICATION

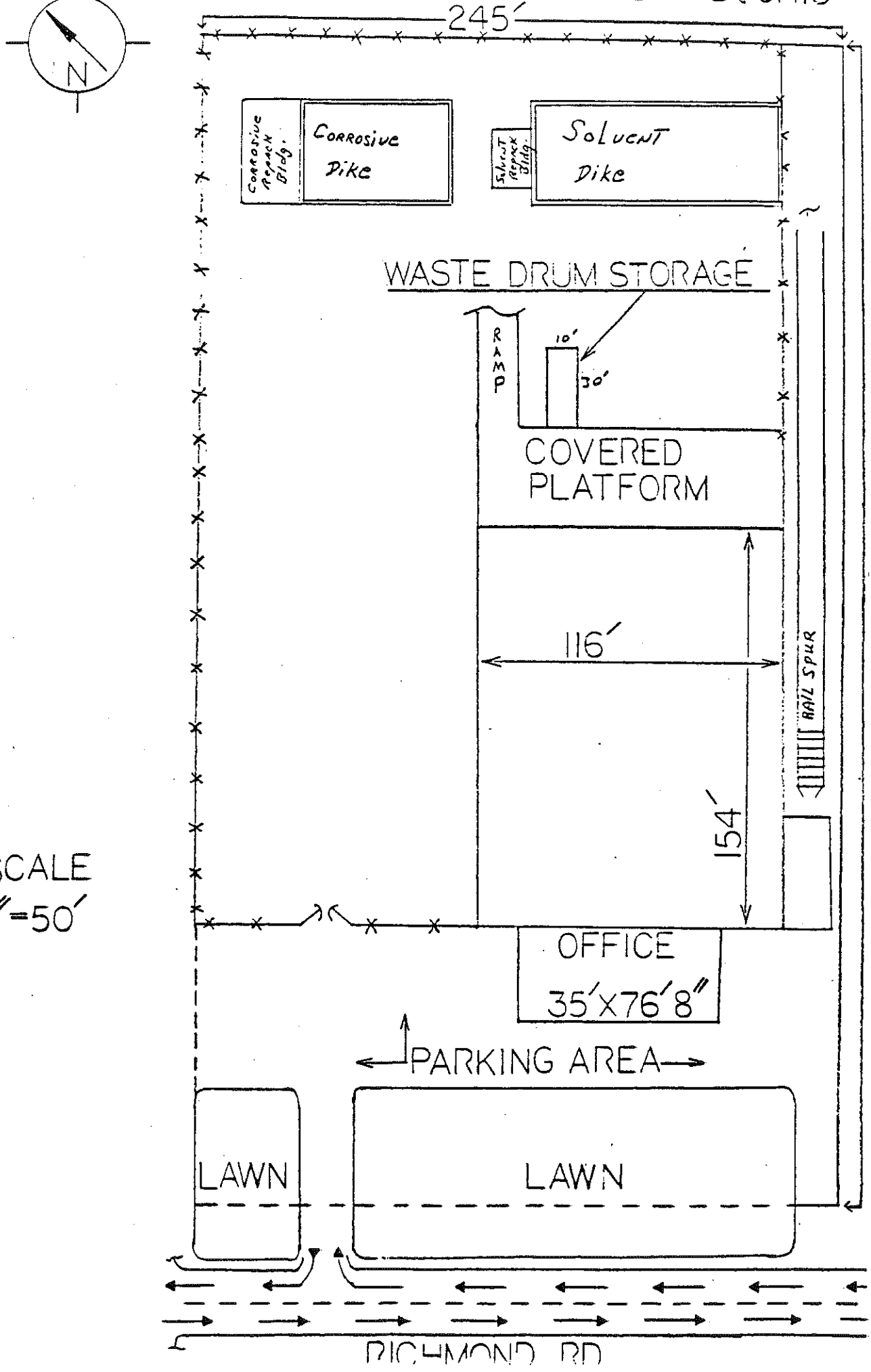
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
MARK HOOPER, PRESIDENT	Mark Hooper	SEPT. 22/1986

Form Approved OMB No 158-S80004

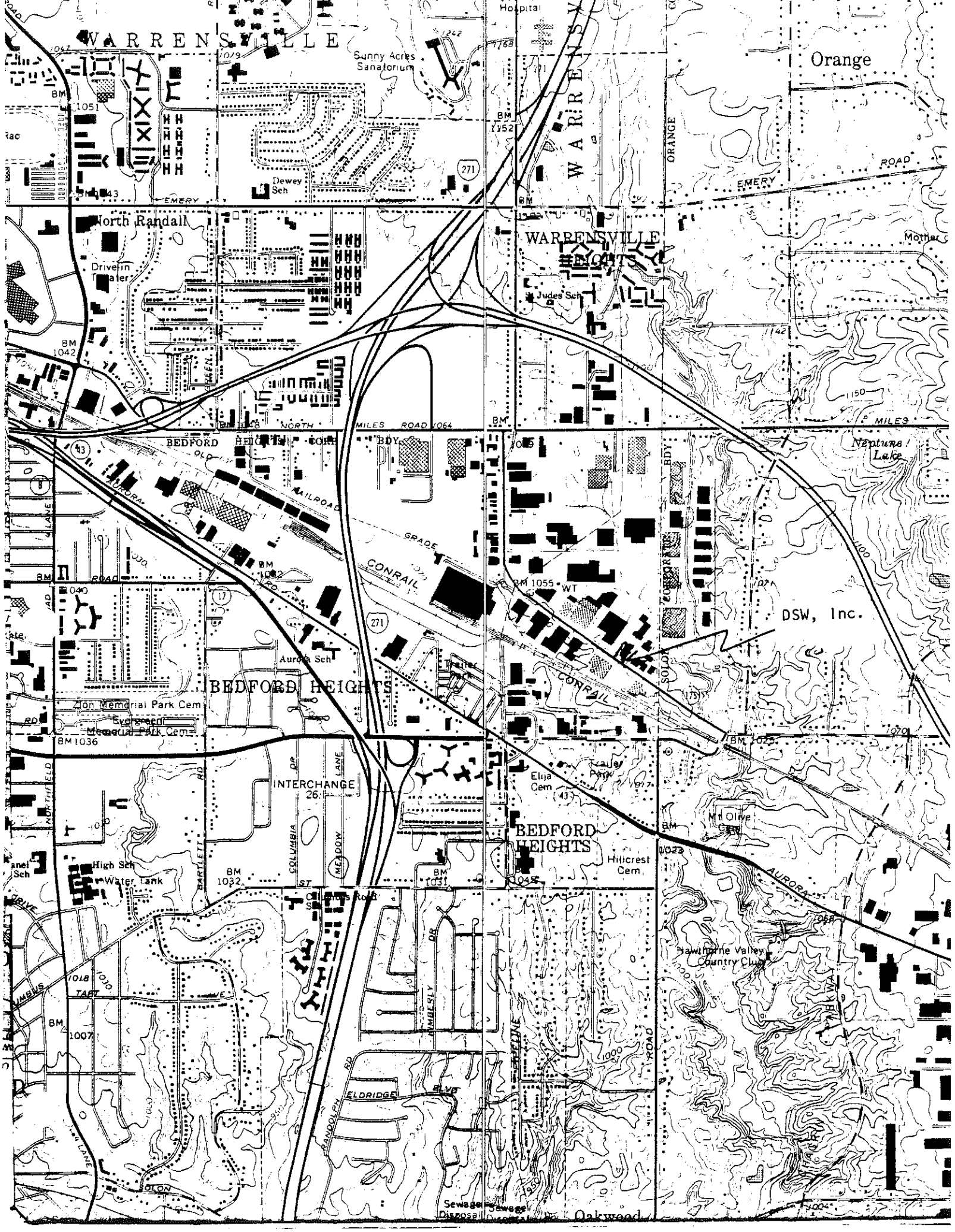
V. FACILITY DRAWING *(see page 4)*

Note: SEE ATTACHED SITE PLAN
AND LOCATION MAP.



SCALE
1"=50'

Prepared by Chain Straile


WARRENSVILLE
Sunny Acres Sanatorium
Hospital
Orange
WARRENSVILLE
ORANGE
ROAD
EMERY
North Randall
Drive-in Theater
WARRENSVILLE HEIGHTS
Judes Sch
Mother
BM 1042
NORTH
MILES
ROAD
BEDFORD
Neptune Lake
AURORA
RAILROAD
CONRAIL
GRADE
BM 1055 WT
DSW, Inc.
Aurora Sch
BEDFORD HEIGHTS
Zion Memorial Park Cem
Evergreen Memorial Park Cem
BM1036
INTERCHANGE 26
Elija Cem
Mt Olive Cem
BEDFORD HEIGHTS
Hillcrest Cem
High Sch
Water Tank
BM 1032
BM 1031
Hawthorne Valley Country Club
ELDRIDGE
BLVD
Sewage Disposal
Oakwood

DSW, Inc.

General Description of Facility

(40 CFR Sec. 122.25(a)(1))

DSW, Inc. leases and operates a distributing facility in the City of Bedford Heights, Ohio, located at 26601 Richmond Road. The legal description of its location is as follows:

"Situated in the City of Bedford Heights, County of Cuyahoga and State of Ohio, being a part of Original Lot No. 20 in Bedford Township, bounded and described as follows:

Beginning at a point in the Northerly line of Richmond Road, 50 feet wide, distant 969.61 feet as measured along said Northerly line of Richmond Road from its intersection with the Easterly line of the Village of Bedford Heights, said point being the Southeasterly corner of land conveyed or about to be conveyed to Arrow Sash, Doors & Plywood, Inc.

(1) Thence North 36° 03' 07" East along the Easterly line of land conveyed or about to be conveyed as aforesaid, 450 feet;

(2) Thence South 53° 56' 53" East, parallel to Richmond Road, 245 feet to the West line of lands conveyed by deed from Erie Land and Improvement Company of Pennsylvania to Larry Davis, recorded in Volume 10131, at Page 46 of Cuyahoga County Deed Records;

(3) Thence South 36° 03' 07" West, along said Westerly line of lands conveyed as aforesaid to Larry Davis, 450 feet to said

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Northerly line of Richmond Road;

(4) Thence North 53° 56' 53" West, along said Northerly line of Richmond Road, 245 feet to the point or place of beginning, containing 2.531 acres more or less, but subject to all legal highways."

DSW, Inc. is a nationwide distributor of various industrial chemicals. McKesson Envirosystems operates a number of recycling plants across the country and functions as a natural partner to the distribution network which DSW, Inc. maintains.

The recycling of spent solvents is but one of the services DSW, Inc. offers to its customers. Many customers who employ our reclaiming services are those who purchased the virgin product from us in the first place. In this manner, DSW, Inc. provides a means for our customers to properly manage their wastes and to conserve resources.

The building in Bedford Heights consists of a masonry, steel-framed building of approximately 20,500 square feet. Of this total area, approximately 2,700 square feet is office and the remainer is warehouse storage. The area designated and designed for hazardous waste storage consists of 300 square feet, measuring 10 feet by 30 feet, located in the outside yard area adjacent to the building, accessible from the building for forklift handling of drums from the dock unloading area by means of a concrete ramp. Overall yard area is about 110,000 square

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feet, of which approximately 86,000 square feet is fenced in.

This facility will be utilized by DSW, Inc. as a temporary storage facility for various chemical solvents destined for recycling. The operation followed is one of picking up a customer's (generator's) spent materials, bringing the material back to the DSW, Inc. facility, and placing it into temporary storage until a full truckload of various customer's materials are accumulated, and then reshipping the materials to the recycling center. The containers in which these spent materials are shipped to our facility are of a 55 gallon capacity meeting all DOT specifications for the material being shipped in them. All materials are received, stored, and reshipped in the same container.

The designated storage area for waste materials is to be a bermed rectangle of concrete, 10 feet by 30 feet by 6 inches. The entire outside storage area lying adjacent to the building is surrounded by a 6 foot high chain link fence with the top arms of posts being set at a 45 degree angle from vertical and holding 3 strands of barbed wire extending 1 foot above the top of the chain link fencing.

All movements and handling of materials designated as hazardous wastes at the facility shall be undertaken in accordance with operational plans as outlined in this application. No <u>treatment</u>, <u>processing</u>, or <u>disposal</u> of hazardous wastes will take place at this location.

Experience at other branches handling these types of spent solvent streams indicate the following types of industries are served:

Metalworking: A wide variety of metalworking and machinery manufacture operations require a final degreasing step in order to remove lubricating oil, etc.: lathing, grinding, cutting, stamping. The chlorinated solvents are the work-horses of this business.

Electronic: Circuit boards commonly require a de-oiling step to remove lubricants, solder fluxes, etc. Although the chlorinated solvents are effective, the fluorinated counterparts are generally preferred.

Ink, Adhesives: A wide variety of oxygen — containing solvents are used in cleaning out mixing vats, printing rolls, transfer containers, piping, etc.

Other Industries from which spent solvent streams have been obtained include pharmaceutical, photographic, electrical, textiles, rubber, and plastics.

An engineering drawing of this facility's physical layout, certified by an Ohio — licensed engineer, follows.

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This plan, dating from the time of construction of the facility, locates the active drains to the storm sewer. The 18 inch square trench drain between the two tank areas has been paved over. The proposed hazardous waste storage area is located on a high point of the yard. Essentially the entire yard is now paved with concrete, eight inches thick, with enough load-bearing capacity to handle trucks with 80,000 lbs. gross weight.

There are no injection or withdrawal wells on the property. There are no flood controls, run-off controls, or drainage carriers other than the stormwater drainage system and ditches noted on the plot plan. Fire controls (Fire hydrants) are noted on the plan.

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DSW, Inc.

Chemical and Physical Analyses

(40 CFR Sec. 122.25(a)(2))

DSW, Inc. and McKesson Envirosystems requires all generators who wish to employ the Company's services to provide data regarding the chemical make-up of the generators' waste stream before pick-up of the material is initiated.

Both the DSW, Inc. branch storing spent solvents, and the McKesson Envirosystems facility* which will recycle the material, shall be provided appropriate data from the information furnished by the customer (generator), which will have been reviewed and evaluated by the technically trained people at the Fort Wayne, Indiana, headquarters of McKesson Envirosystems.**

A full description of the procedures and sequence of events pertaining to the accumulation of data and analytical information made available and kept on file at the storage facility before approval to accept materials, is outlined in the Waste Analysis Plan in the next Section. This procedure describes fully the operation followed in developing and disseminating the necessary information to assure that all facilities handling the material have adequate information available to properly manage a given waste stream.

DSW, Inc. shall provide to off-site generators wishing to utilize its services any requested proof of appropriate permits to be allowed to handle their particular waste streams. Generators shall also be offered the opportunity to take a tour of any company facility, as well as the actual recycling plants, to allow them an opportunity to assure themselves of compliance of these facilities.

* or another permitted facility

** or another commercial laboratory using US EPA approved testing methods and procedures

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Wastes Anticipated To Be Handled in Drums At Facility

DSW, Inc.

Chemical	Hazard	Basis For Hazard Designation
Tetrachloroethylene	Toxic	Listed waste F001, F002
Trichloroethylene	Toxic	Listed waste F001, F002
Methylene Chloride	Toxic	Listed waste F001, F002
1,1,1 Trichloroethane	Toxic	Listed waste F001, F002
Carbon Tetrachloride	Toxic	Listed waste F001
Chlorinated Fluorocarbons	Toxic	Listed waste F001, F002
Xylene	Ignitable	Listed waste F003
Acetone	Ignitable	Listed waste F003
Ethyl Acetate	Ignitable	Listed waste F003
Ethyl Ether	Ignitable	Listed waste F003
Methyl Isobutyl Ketone	Ignitable	Listed waste F003
n-Butyl Alcohol	Ignitable	Listed waste F003
Cyclohexanone	Ignitable	Listed waste F003
Methanol	Ignitable	Listed waste F003
Toluene	Toxic, Ignitable	Listed waste F005
Methyl Ethyl Ketone	Toxic, Ignitable	Listed waste F005
Isobutanol	Toxic, Ignitable	Listed waste F005

The above will also be expected in the form of blends with each other, still in drums.

DSW, Inc.

Waste Analysis Plan

(40 CFR Sec. 122.25(a)(3))

This facility of DSW, Inc. is seeking a permit to function simply as a short-term (probably less than a month) storage facility for a limited variety of spent organic solvents. These will be handled only in DOT-approved drums, and will usually have been picked up in small numbers from customers who had previously purchased the virgin material. Once a sufficient number of drums have been accumulated at the facility to make transport economically feasible they will be moved out-of-state for re-claiming (either New Jersey or Kentucky).

Each branch of DSW, Inc. organizationally is a financial entity unto itself — in other words, it is a small chemical business. Typical of such small chemical distributorships, which carry out no manufacturing processes, the branch has no laboratory facilities. It would be uneconomic and financially impossible to have technical personnel and to equip a laboratory for the limited amount of material being handled. Even the cost of outside analytical work would be prohibitive, especially in view of the fact that such analytical work would duplicate the effort subsequently carried out by the recycling facility.

On the other hand, the purpose of a profitable reclaiming business is thwarted unless the constituents of the spent solvent stream being handled are known accurately. To this end the reclaiming facilities in New Castle, Kentucky, and Newark, New Jersey, (McKesson Envirosystems Company) maintain and operate a sophisticated analytical laboratory. Consequently, a DSW, Inc. distributor branch is assured of knowing exactly the content of each spent

* Or other location where a proper recycling facility is established.

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solvent stream being proferred by a customer (generator). A sample of a proferred stream of uncertain content is sent to New Castle or to Newark * for analysis; in addition, a Spent Material/Waste Products Survey form (most recent revision appended) is prepared by the customer in connection with each proferred stream, and a copy of a formal chemical analysis is requested of the customer. Both are filed at the branch. The procedure followed is detailed in the accompanying Waste Analysis and Verification Procedure.

DSW, Inc. has an established policy that requires each customer to certify that recyclable solvents proferred to DSW, Inc. are only listed wastes (F001 through F005), and that they do not contain unacceptable materials. These unacceptable materials include such items as pesticides, known and suspected carcinogens, radioactive materials and poisons. With these restrictions, it is felt unnecessary to test for these products, although, if they were, the procedures outlined in Publication SW-846, "Test Methods for Evaluating Solid Waste" would be followed. The customer does provide assays of his listed wastes, usually including the process from which it derived DSW, Inc. invariably knows the latter anyway because of its basic sales relationship with the customer). It should be noted DSW, Inc. has records of ongoing chemical and physical analyses of existing customers' materials resulting from analysis done at the McKesson Envirosystems recycling center.

In addition, all materials leaving the branch for recycling are shipped in the same container in which they arrived (unless, of course, container damage mandated a transfer).

* Or other locations where a proper recycling facility is established.

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Despite the reliance on another facility for actual chemical and physical analyses of the spent streams this DSW, Inc. branch handles, the branch recognizes its responsibility to inspect the drums received (264.13). As noted earlier, the branch has records of testing of products supplied previously by existing customers, and drums of spent solvent as they arrive are checked against manifest data which, in turn, are based on assay and analyses carried out previously by the laboratory of the recycling center. These inspections by the receiving branch's personnel are logged in accordance with the Inspection Schedule (122.25(5)).

A word is in order regarding parameters that are measured in order to handle the spent streams safely and to assure their economic potential:

PARAMETER	TEST METHOD	PURPOSE
Assay	Gas Chromatograph	To confirm identity and amount of recoverable component(s).
Specific Gravity	Balance	Useful in product identity; permits conversion of volume to weight.
Water	Karl Fischer Apparatus	Possible contamination.
Flash Point	Closed cup ASTM D56 or D93	Flammability danger.
pH	pH Meter	Danger of corrosion.

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It should be noted that in many cases knowledge of exact compositions are not required — only that flammability is tested and that the product matches what was manifested. This reflects the fact that in taking a spent solvent from a customer and cleaning it by distillation, the subsequent product is usually sold by physical characteristics — not by chemical structure. Thus, in order to transport, store, and distill such spent material only a minimum of information about its makeup is required.

Each recycling facility is extremely careful to know exactly what it is handling in order to prevent damage to its equipment (as from corrosion) and to prevent accidents (such as would result from inadvertent handling equitable materials).

All analyses required for characterization of a hazardous waste stream from branch carried out by a McKesson Envirosystems* laboratory — and subsequently filed at the branch — follow the analytical procedures defined in SW-846, "Test Methods for Evaluating Solid Waste".

* or another permitted facility

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Obviously, knowing the customer — the waste generator — is an important element of this process. The following page is an internal DSW, Inc document depicting the sequence of approvals by DSW, Inc. management personnel prior to acceptance of spent streams from that generator.

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WASTE GENERATOR APPROVAL

DSW, Inc.

Vendor Information

To: Marketing & Product Management Home Office	From: Region	Date
Vendor Name		
Address		
City, State, Zip Code		
Telephone Number	Contact	
Request originated by		Date
Branch:		

Approvals

Approved Yes ☐ No ☐	District Manager	Date
Approved Yes ☐ No ☐	Regional Mktg. & Prod. Manager	Date
Approved Yes ☐ No ☐	Regional Vice President	Date
Approved Yes ☐ No ☐	Vice President, Mktg. & Prod. Management	Date

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DSW, Inc.

Waste Analysis and Verification Procedures

(40 CFR Sec. 122.25(a)(3))

The following pages describes the standard Waste Analysis and Verification Procedures now in effect at those DSW, Inc. branches already permitted in the storage of hazardous wastes.

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DSW, Inc.

1. Upon initial contact from a prospective customer who wishes to employ DSW, Inc. and McKesson Envirosystems* services to recycle a spent stream, a DSW, Inc. representative is either sent to the customer's location or makes contact with him to acquire a prepared Spent Material/Waste Product Survey form (copy attached along with preparation instructions). DSW, Inc. strongly urges the customer (who is the generator) to provide us with a physical and chemical analysis which he has either performed or has obtained from an outside laboratory.
2. The completed Spent Material/Waste Product Survey form and any laboratory physical and chemical analysis are returned to the respective branch which will be handling the generator's waste stream. A copy of the survey and any analyses are kept on file at the branch facility, while the original is mailed to McKesson Envirosystems*, along with copies of any laboratory analysis.
3. McKesson Envirosystems* will evaluate the data contained on the Spent Material/Waste Product Survey form and the analytical reports on the waste stream and determine if the recycling facility has sufficient information to properly manage the material. A sample may be required by McKesson Envirosystems* before a decision is made as to whether to accept a particular waste stream and, if so, copies of the laboratory reports are forwarded to the DSW, Inc. branch facility before the material is picked up.
4. Once McKesson Envirosystems* has made a determination that sufficient knowledge of a particular waste stream is on hand, and approval is given by the Environmental Engineer, Marketing Manager, and Corporate Manager of Refinery Operations, the DSW, Inc. branch is notified.

* or another permitted facility

5. With this approval on hand, the DSW, Inc. branch will notify the generator that the branch is authorized to pick up the material in accordance with the following procedure:

   A. The generator completes an appropriate Hazardous Waste Manifest based on the Survey form and accompanying analytical data.

   B. A copy of the Manifest is supplied to the local DSW, Inc. branch and is checked.

   C. A copy of the Manifest, after its approval by Branch Management, is given to the truck driver and is to be in his possession until delivery of the material to the branch.

   D. The material to be picked up is compared to the listing on the Manifest by the driver. In addition, he:

      a. Evaluates the container for condition - scaled, with no apparent leaks.

      b. Locates the precautionary warning label, if required.

      c. Ensures that no other labelling or stenciling is on the container other than the Hazardous Waste label, including trademarks, original vendor names, and the like.

E. The driver also makes sure the Hazardous Waste Label on the drum is complete:

a. Generator name and address.

b. Contents.

c. Manifest number.

d. Proper shipping name.

e. E.P.A. ID number.

f. Accumulation starting date.

F. The driver picks up only that quantity and class of hazardous waste appearing on the Manifest.

6. Upon notice to McKesson Envirosystems that DSW, Inc. branch requires pick up of an accumulated load of spent material, McKesson Envirosystems* simultaneously forwards a copy of all data accumulated on a particular waste stream to the respective recycling facility for review and filing at that location so that this information is available before actual receipt of the waste stream.

7. At the time a shipment is received at the recycling facility, a measurement and recording of the volume received of a particular generator's stream is made. Verification is made that the count contained on the accompanying shipment manifest document corresponds to the number of containers received and that the lot numbers assigned by the DSW, Inc. branch handling (storing) the spent stream are accurate. A sample is drawn from the various drum utilizing a sampling tube which will ensure a homogeneous (cross section) representation according to the following schedule:

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* or another permitted facility

7. cont'd.

a. For ten or less drums in a particular generator's lot of a given product, all drums are sampled.

b. For more than ten drums in a particular generator's lot of a given product, a statistical sampling of 40% of all drums, but not less than ten drums, is taken.

The container samples are then taken and an aliquot representation is composited for analytical verification. The sample taken at the recycling facility is labelled and identified with the following information:

a. The manifest number.

b. The generator's E.P.A. identification number.

c. The proper D.O.T. shipping name as it appears on the hazardous waste label on the drum.

d. The E.P.A. hazardous waste code as it appears on the hazardous waste label on the drum.

e. The date on which the shipment is received.

f. The initials of the individual who took and composited the sample.

The drums are held in a specially designated and contained storage area where they are segregated according to generator and waste identification until the lab verification results are returned.

8. The composite sample of the received containers is taken to the on-site lab where gas chromotagraphic analysis is performed to ensure that the material is in fact one and the same as the description on the Spent Material/Waste Product Survey form, the manifest, the drum label, and any

lab reports which the generator may have provided. Based upon the results of the chromatographic analysis, further tests will be conducted as warranted Once verification is made, the approval is given by the Plant Manager, or that individual's designee, for movement of the drums into the processing area.

9. Should a discrepancy become apparent during the verification analysis, the recycling center will contact the DSW, Inc. branch who will in turn contact the generator to inform him of the discrepancy. Based upon the findings of the lab and the contact with the original generator, the shipment of the material having the evidence of a discrepancy may be refused, or an alternate means of handling the shipment will be arranged with the original generator.

10. A copy of the gas chromatographic analysis is returned to the DSW, Inc. branch which was temporarily storing a generator's spent material. This copy is placed into the customer's file (original generator), which also contains a copy of the original Spent Material/Waste Product Survey form, any laboratory analytical reports, and any and all correspondence between any of the parties involved regarding that particular generator's waste stream.

The net result of the preceding is that all shipments of recyclable materials sent to one of the recycling facilities are verified by the latter before they are processed. This step not only verifies the economic value of the spent stream but prevents damage to the equipment and hazard to personnel due to unexpected ingredients in the solvent.

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Section 1. General
Complete company name, address and zip code.
If generating plant is in a different location, please note

Omit Product Code.

Section 2. Marketing
The accurate completion of this section has a direct effect
A. Pricing
B. Method of pick up
C. The decision as to where the spent material will be
D. The request for a sample.

Section 3. Physical Properties
Complete to your best ability
If the generator has any other analysis i.e. WR&R or Indepe
laboratory, please attach.

Section 4. Hazardous Properties
Under RCRA hazardous waste will meet 4 basic properties:

A.	Ignitable	Flash Point $\leq 140^{\circ}F$ Actives, Hydrocarbons Lacquer Thinners, and blends of these so
B.	Toxic	Chlorinated and Fluorocarbons
C.	Corrosive	Acids, Caustics, PH ≤ 2 or > 12.5
D.	Reactive	TNT Waste water, Sodium Metal

Describe the property relative to the waste stream.

Section 5. EPA-DOT Identification
EPA hazardous waste numbers can be found by using the attached listing. (Taken from CFR #40, 5-19-80)
Hazard codes describing the waste's properties listed in Section 4 can be found on the same listing.
DOT hazardous material descriptions in addition to their hazard class and identification (UN or NA) numbers are found in the Hazardous Materials Table 5-22-80. A copy of this table should be on file at each DSW, Inc. branc

Section 6. Chemical Composition
The basic components of the waste should be listed in this section along with their percentages of composition.
Again any other analysis reports on the stream should be attached.

Section 7. General
Any other information relative to the stream, or customer specifications on reclaimed and returned material, ie. drying addition of virgin material, packaging should be listed her

Section 8. The generator must sign this survey form.

Phone number, date filed, and federal EPA I.D. number must be completed.

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FOR OF
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Spent Material / Waste Products Survey

Please provide all information requested below, then return this form to your local DSW, Inc. *Representativ*

COMPANY (1)	SIC NUMBER
MAILING ADDRESS	PRODUCT CODE

DESCRIPTION OF SPENT MATERIAL / WASTE PRODUCT (2)

INDICATE PROCESS WHICH GENERATES THIS SPENT / WASTE (BE SPECIFIC)

VOLUME

FREQUENCY: PER MONTH | PER YEAR | ONE TIME

PACKING: IN DRUMS | IN BULK

PHYSICAL PROPERTIES: (3) (DATE OF LAB ANALYSIS _____)

PHYSICAL STATE AT 70°F

SOLID _____ LIQUID _____ FLASH POINT _____

SEMI-SOLID _____ PH _____

SPECIFIC GRAVITY _____ % CHLORINE _____

% SULFUR _____ BTU PER LB/GAL _____

HAZARDOUS PROPERTIES:

DESCRIBE— (4)

EPA / DOT IDENTIFICATION:

EPA HAZARDOUS WASTE NUMBERS (5) _____ EPA HAZARD CODES _____

DOT HAZARDOUS MATERIAL DESCRIPTION _____

CHEMICAL COMPOSITION:

SUBSTANCE	MIN	MAX	TYP	SUBSTANCE	MIN	MAX	TYP
(6)							

GENERAL:

1. PLEASE PROVIDE LAB ANALYSIS IF HEAVY METALS, CYANIDES, PESTICIDES, CARCINOGENS OR OTHER TOXICS ARE INVOLVED.
2. PLEASE DISCUSS ANY OTHER INFORMATION WHICH MAY HELP McKESSON BE OF SERVICE: (7)

PLEASE ATTACH ANY ADDITIONAL HAZARD AND HANDLING INFORMATION TO THIS SHEET.

TO THE BEST OF MY KNOWLEDGE AND ABILITY TO DETERMINE THIS IS A COMPLETE AND ACCURATE DESCRIPTION OF THIS MATERIAL.

SIGNATURE (8)	TITLE
PHONE NUMBER (INCLUDE AREA CODE)	DATE / EPA IDENTIFICATION NO.

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DSW, Inc.

Security

(40 CFR Sec. 122.25(a)(4), 264.14)

This DSW, Inc. facility employs a number of measures designed to assure adequate security in order to comply with government regulations and to assure the protection of Company assets.

This facility does not utilize a 24-hour entry surveillance system, but does have other means of control to provide adequate security. A fully automatic and monitored 24-hour fire alarm system is present at the facility.

The entire facility including the outside yard storage area, in which the designated waste storage area is included is maintained in a secure manner. As will be ovserved from the facility diagram, the building walls act as a barrier on the north side of the complex. On the east wall at the end of the building, fencing begins and surrounds the entire yard and truck dock and loading/unloading area until meeting up with the southwest corner of the building.

The fencing utilized to surround the outside areas of the facility where storage and loading/unloading activities are undertaken, is constructed of a 6 foot high, fabric type 11 gauge, 2 inch mesh chain link fence. Above the mesh fencing, supported on the top of the steep upright posts, are arms projecting 1 foot at a 45 degree angle from vertical, and holding 3 strands of barbed wire strung around the entire fence.

Access to the areas of the facility which are surrounded by the fence will be by means of one of two gates. Vehicle traffic may gain access to the loading/unloading dock area by way of a 24 foot gate constructed of similar materials as the fixed fencing previously described. This access is in

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the western stretch of fence located to the South side of the building. The other access point through the fence consists of a 3 foot gate of similar construction to accomodate the rail entry. This gate is located on the eastern stretch of fence.

Both of the above mentioned gates are maintained in a closed and padlocked condition during all periods of facility non-working hours. During working hours, the fence gates are capable of being observed at all times from the general office. All visitors must gain access to the facility by way of the main office located on the northern side of the facility. A secured and attended vestibule area lies immediately inside the entrance door at which point a receptionist shall inquire as to the individual's identification and purpose of visit. While within the facility, it is DSW, Inc. policy that no one shall be allowed to gain access to any part of the immediate facility without having a DSW, Inc. employee accompanying them at all times. Any visits and/or inspections which may be pertinent to the functioning of the facility as a hazardous waste management facility, are to be logged in the facility's operating log.

All doors, as well as gates which were previously described, are maintained in a locked and secured condition during non-working hours.

Warning signs are posted at all fence gates and several other fence locations around the facility in such a manner to be visible from all angles of approach, and shall bear the legend "Danger-Unauthorized Personnel Keep Out". There shall also be "No Smoking" signs posted in prominent positions in the yard and loading areas, as well as other precautionary and safety signs, to assure that no ignition sources are present in these areas. The restriction of smoking to

only designated areas is again a standard DSW, Inc. working rule.

No materials, empty pallets, or drums are permitted to be stacked against the fence in order to prevent easy agress or concealment.

All critical locks are changed when a key holder leaves the Company, when a key is lost, or every two years, whichever occurs first.

All available lighting will be utilized to illuminate the buildings, fence; and yard. Electric timer switches are installed to control the lighting.

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DSW, Inc.

Inspection Schedules, Equipment Requirements, and Preventative Measures

(40 CFR Sec. 122.25(a)(5), 264.15, 264.174, 264.194,

264.254, 264.255, 122.25(a)(6)

As a result of DSW, Inc. being only a distributor of chemicals (no manufacturing, no processing), any branch will employ a limited variety of equipment in its daily business. Those few pieces, plus particularly all equipment and apparatus involved with safety, do receive regular well-defined inspections routinely, and all are subject to preventive maintenance. The net result is a constant evaluation of all relevant equipment and its operation for possible malfunctions, structural deterioration, operator errors, and unintentional misuses which could affect human health or the environment.

Table I shows the items which are routinely inspected and the types of problems which could present themselves or cause an item to be nonfunctional. The items have been selected as those being important to the facility maintaining a safe working environment for the employees, and to being valuable in preventing a threat to the public and/or ecological systems.

Included in Table I is a listing of the frequency with which the items are inspected. It should be noted that in addition to these inspections which are routinely done by the branch personnel, DSW, Inc. other Company personnel not stationed at the facility, conduct a "Safety Audit" of the operation on a quarterly basis. This policy has been in place since 1978 and entails either the facility's District Manager or a member of the Regional Operations Department Staff's visiting the branch for what typically is a full day to inspect and evaluate the facility in approximately 180 areas pertaining to safety and operating procedures. Examples of areas checked are:

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1. Office area
2. Drivers' records
3. Fire protection
4. Maintenance
5. Compliance with OSHA, DOT, all applicable rules and regulations
6. Security
8. Warehouse & dock
9. Yard area
10. Transportation
11. Physical layout & equipment
12. General recordkeeping and control
13. Compatibilities of stored materials.

Inspections of the hazardous waste container storage area will be conducted as outlined in Table 1. Results and documentation of any remedial actions which might be required will be recorded on an inspection log sheet similar to the one found following this narrative and entitled "Inspection Log Form". Information to be included on the log sheet shall include the item inspected, date and time of inspection, name of inspector, remedial action (if necessary), and supervisor's signature. DSW, Inc. has also developed the form entitled "In House Container Inspection Checklist", which is included immediately following the Inspection Log Form. Included on this form is a listing of areas which should be reviewed pertaining specifically to the area of container management. The inspector is required to check the status of each item and make a decision as to acceptable or unacceptable. On the lower portion of the form, are action codes for remedial activities which might be necessary to implement if conditions are found which might necessitate some action. Upon discovery, the appropriate personnel shall ensure that the proper actions to remedy an unsafe situation are undertaken. Any remedial actions shall be noted and kept on file with appropriate reports made, if necessary.

In additon to container inspections being logged, similar documentation is undertaken for Company quarterly safety inspections, sprinkler system inspections (weekly), fire extinguisher inspections (monthly) maintenance checklist (as designated by specific area), and governmental inspections (as performed).

This facility of DSW, Inc. does not utilize tanks of any sort for the management of waste materials. Thus, the regulations pertaining to inspections and the logging of such inspections on this type of equipment is not applicable.

This facility likewise does not utilize waste piles as a means of managing wastes, and the regulations pertaining to inspections and the logging of such inspections are not applicable.

If DSW, Inc. personnel, upon a routine inspection, find that a condition is present of a non-emergency nature which requires some type of maintenance in order to bring that particular article into compliance with standards, it shall be that employee's responsibility either to bring the subject concern into compliance, or to bring it to the facility management's attention to correct the deficiency. All remedial actions are undertaken at the earliest possible time in order to alleviate potential for further deterioration of equipment, or to eliminate an unsafe condition which could pose a threat to health or the environment.

If during an inspection a situation would be found which is of an emergency nature, or has the potential to be, the employee shall immediately initiate

remedial action, and notify the appropriate emergency coordinator who shall carry out his/her actions as outlined in the Contingency Plan. As outlined within the Contingency Plan, in the event of a release of materials, it shall be the objective to contain, isolate, clean-up, and decontaminate the affected area with the utmost concern for minimizing risk to Company workers, the public, and the environment. The clean-up material must then be properly disposed of, and necessary documentation and reporting undertaken.

Inspection logs are maintained and kept at the facility by the Operations Manager. The format of the inspection log is included at the end of this narrative and is to be maintained at the facility for a minimum of 3 years from the date of inspections. Any extraordinary occurrences such as a waste release or fire requires a written report which shall be kept on file at the facility, as well as being forwarded to the appropriate agencies and Company personnel as outlined in the "Contingency Plan" section.

DSW, Inc. does not request a waiver of the preparedness and prevention requirements under 40 CFR 264 Subpart C. Requirements of this section of the regulations are to be complied with.

Specific discussion pertaining to internal and external communications capabilities, the internal alarm system, emergency equipment present on-site, fire control equipment present on-site and training in its use, is discussed either in this section accompanying "Contingency Plan".

The telephone system at this facility provides the main internal as well as external means of communication. A designated alarm system is utilized by

branch personnel to act as an alert system for emergency situations with instruction and drills conducted on a routine basis.

Emergency equipment maintained at this facility is listed in the Contingency Plan.

Adequate water is provided at this facility by means of fire hydrants as shown on the facility site plan. The building itself is protected by a sprinkler system with an automatic alarm system hookup, although no waste materials are stored within the building.

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Table 1

DSW, Inc.

Inspection Schedule
(To be kept at Facility)

Area/Equipment	Specific Items	Types of Problems	Frequency of Inspection
Container Storage Area (Secondary Containment)	General Area	Leaks, spills	Daily
	Container placement and stacking	Aisle space	Weekly
	Sealing of containers	Open bungs, lids	Weekly
	Labelling of containers	Improper identification Date missing illegibility	Weekly
	Base	Cracks, erosion	Daily
	Berm	Cracks, deterioration	Daily
	Warning signs	Damaged	Weekly
	Debris & refuse	Aesthetics	Weekly
	Accumulated liquid	Contamination	Daily, and confirm after precipitati
Security Devices	Facility fence	Corrosion, damage	Weekly
	Main Gate	Corrosion, damage, non-functioning	Weekly
Loading, Unloading Areas	Surface areas	Deteriotation spills	Daily
	Dock bumpers	Damage	Daily

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Area/Equipment	Specific Items	Types of Problems	Frequency of Inspection
Safety & Emergency Equipment	Emergency shower & eye wash	Water pressure, leaks drainage	Weekly
	Industrial absorbent	Out of stock	Monthly/ as needed
	Overpack drums	Out of stock	Weekly
	Face shields	Broken or dirty	Monthly/ as needed
	Chemical cartridge respirators with cartridges for organic solvents	Spent solvent, seals	Monthly/ after each use
	Portable pump	Power, clogging	Monthly
	Fire extinguishers	Recharging	After each use
	Fire alarm systems	Power failure	Per NFPA
	Telephone system	Power failure	Per NFPA
	Emergency lighting system	Battery failure	Per NFPA
	First aid equipment and supplies	Items out of stock or inoperative	As used
	Protective clothing	Holes, wear & tear	As used
	Decontamination wash room	Water pressure, leaking drainage	As used
	Forklifts	Brakes (includes parking), tires (pressure), horn, lights, hoist, tilt, forks, steering, water level rad/batt., engine oil level, hydraulic oil leak	Daily

DSW, Inc.

In House Container Inspection Checklist

A. Location	YES	NO	Recommended Action
1. Waste materials properly segregated according to DSW, Inc. compatibility storage program.	___	___	_____
2. Ignitables (flammables, combustibles) located 50 feet from property lines.	___	___	_____
3. Aisles provided for emergency access.	___	___	_____
B. Container Condition			
1. All containers sealed.	___	___	_____
2. Any leaking containers.	___	___	_____
3. Any containers swollen or bulged.	___	___	_____
4. Any containers concaved due to vacuum building up.	___	___	_____
5. Any containers with extreme corrosion	___	___	_____
6. All containers properly labelled and identified.	___	___	_____
8. All containers have lot number	___	___	_____
9. All containers compatible with products stored in them.	___	___	_____

Inspector: _____ Date: _____

I have reviewed this report and certify all storage is in satisfactory condition

Supervisor: _____ Date: _____

Recommended Action Codes

A - Effect DSW, Inc. compatibility program

B - Effect container receiving maintenance procedure

C - Effect container transfer procedure

D - Effect spill control procedure

I certify that the above recommended action has been taken on:

Date: _____ Storage is now satisfactory.

Supervisor: _____ Date: _____

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INSPECTION					RESULTS		
SUBJECT	DATE	TIME	INSPECTOR	OBSERVATIONS	REMEDIAL ACTION REQUIRED	DATE COMPLETED	INSPECTOR